

Registration Form: Community Education

Edmonds College
 Community Education
 20000 68th Ave W
 Lynnwood, WA 98036
 Phone: (425)640-1243 Fax: (425)640-1837

Quarter: Winter _____ Spring _____ Summer _____ Fall _____ Year: _____							
Student Information						Student ID # (N/A if a new student):	
Social Security Number (Edmonds College Employee only):					and/or Birth Date:		
Last Name			First Name			MI	
Address							
City		State		Zip			
E- mail Address:							
Day Phone:			Evening Phone:				
Classes							
Item #	Title	Date	Days	Time	Location	Fee	
Total Amount Due							
Circle one:	<input type="checkbox"/> Visa <input type="checkbox"/> Amex <input type="checkbox"/> MC <input type="checkbox"/> Discover		<input type="checkbox"/> Check #				
If Credit card:	Account #		Exp. date:		Name on Card:		

Note:

How did you find out about your class/es? Circle one: Edmonds College website, other website, our E-News, Brochure, Friend, Previous Student, Journal Insert, other

What classes would you like to take in the future? _____

To Be Completed by Community Education Office:

48 Bus/Hr. Cancel Policy: _____ Directions: _____ Confirmation: _____

REGISTRATION DATE: _____ BY: _____ ENTRY: _____